



Little Traverse Bay Bands of Odawa Indians
Enrollment Office
7500 Odawa Circle
Harbor Springs, MI 49740
(231) 242-1520 ■ (231) 242-1521



ADDRESS VERIFICATION FORM MUST BE NOTARIZED

(Everyone 18 and over MUST complete this form)

Completing this form will officially change the address at which you currently are listed in Tribal Records and for all other Tribal Departments for the sole use of mailing purposes. Address corrections are effective the day of receipt.

INSTRUCTIONS

- Complete Section 1 and Section 2 if your mailing address and physical address is different. You must have this form notarized.
- Photocopies/Faxes of this form **are not accepted.**

Section 1 - This is your mailing address and where your mail will be sent.

Tribal Membership #: _____ Social Security #: _____

Date of Birth: _____ Maiden Name (if married) _____

Name: _____
First Middle Last

Mailing Address: _____

City: _____ State: _____ Zip: _____

Area Code & Home Phone Number: _____

Section 2 - This is physical address, you do not receive mail here.

Physical Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Township: _____ Telephone Number: _____

I state that the above information is true.

Date _____

Tribal Member's Name-Printed _____

Date _____

Tribal Member's Signature _____

NOTARY PUBLIC

Acknowledged before me in _____ County, State of _____, _____ month/day),
20 ____ by _____.

Notary Public Signature

Stamp/Seal

My Commission Expires on _____

TO BE COMPLETED BY LTBB STAFF-Do not write below this line.

Copy: Enrollment _____ DOE: _____
Office

Copy: Accounting _____